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## ICE Health Service Corps (IHSC) Quality of Care Assessment

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### ICE Uniform Corrective Action Plan (FMC October 2017 Site Visit Follow-up)

<b>Facility Name</b> Central Arizona Florence Correctional Complex-East
<b>Address (Street and Name)</b> 1100 Bowling Road
<b>City, State and Zip Code</b> Florence, AZ 85132
<b>County</b> Pinal
<b>Date[s] of FMC Follow-up</b> 01/2018
<b>Complete and Return to ICE HQ No Later Than:</b> 12/29/2017

<b>Facility Corrective Action Plan Assigned to:</b> <input type="text" value="ICE"/> RN, H.S.A.
<b>Date of Final Submission:</b>

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**Instructions for the Corrective Plan of Action Response**

Provide a detailed description of the corrective action taken by the facility to address each of the findings identified in the ICE Health Service Corps Field Medical Coordinator (FMC) review. Please ensure that each stated corrective plan of action addresses the noted medical findings to the fullest extent possible, and that it incorporates the recommendations. In the event a finding or recommendation cannot be implemented within the authorized timeline, please include an explanation in the "Corrective Plan of Action" column. The explanation should include a work around solution while pending final resolution, and an approximate completion date.

*\*Exceptions to this timeline may be granted for necessary construction and staffing requirements, but will require an estimated completion date and temporary "work around" as part of the approved UCAP. Serious life and safety issues must be corrected immediately.*

ICE Uniform Corrective Action Plan (FMC October 2017 Review) Central Arizona Florence Correctional Complex-East (PHO AOR)			
<u>Assessment and Findings</u>	<u>Recommendations</u>	<u>Corrective Plan of Action</u>	<u>Completion Date</u>
One detainee's medical grievance was not addressed within five working days of receipt. It was appropriately addressed on the sixth working day. "Designated medical staff shall act on the grievance within five working days of receipt and provide the detainee a written response of the decision and the rationale." (PBNDs 2008, Grievance System/V/C/3/2c)	Designated medical staff shall act on a medical grievance within five working days of receipt and provide the detainee a written response of the decision and the rationale. Review all medical grievances monthly to monitor compliance to this standard through the facility quality improvement (QI) program.	On August 24, 2017, procedures were implemented allowing detainees to submit medical grievances directly to medical department personnel designated to receive and response to medical grievances. Prior to implementing this change, grievances were required to be submitted to the Grievance	8/24/17

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		Coordinator first and then submitted to medical.	
<p>Quality of Care Finding: Medication Administration Practices: One detainee refused 30 consecutive days of medication, and the prescribing clinician was not notified.</p>	<p>The prescribing clinician should be notified for refusals and/or no shows of 3 consecutive days or for 3 consecutive doses and/or 4 or more doses in a week. Ensure facility policy is revised to reflect this practice and that staff are trained on the policy. Review 20 charts monthly to monitor compliance to this standard through the facility quality improvement (QI) program.</p>	<p>The HSA will reiterate the requirements of CoreCivic Policy 13-70, <i>Pharmaceuticals</i> to nursing staff during the monthly medical meeting, tentatively scheduled for December 20, 2017, which states that each time an inmate/detainee misses 3 consecutive doses or a pattern of missed doses is identified for the following types of medications: Anticonvulsants; Antipsychotics; Antidepressants, Isoniazid or other anti-tuberculosis medications; Anticoagulants; Lanoxin; HIV and HCV Medications; and any medications specifically prescribed by the LIP for compliance monitoring, that the inmate/detainee should be referred to a licensed nurse or LIP for discussion on non-compliance. Staff will sign a 4-2A Training</p>	1/5/18

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		<p>Activity/Attendance Roster to acknowledge understanding of this requirement. Pending the meeting, the HSA will send a mass email to all shifts on the need to look at MARs more closely to identify any missed medications meeting the criteria for referral.</p> <p>Effective December 1, 2017, every Wednesday the HIS will generate a 3 consecutive missed medication report and submit it to the Pharmacy Nurse and Clinical Supervisor for review. The Pharmacy Nurse will create a log that will be maintained in the share drive to identify inmates/detainees who need medication education based on the requirements of CoreCivic Policy 13-70, Pharmaceuticals. Once the inmates are identified as needing education, the Pharmacy Nurse will call the inmate/detainee to medical to facilitate education and ensure the education is</p>	
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		<p>documented using the SOAPE format.</p> <p>Effective January 5, 2018, the HSA or Clinical Supervisor will review the log and the inmates/detainees chart to ensure that education is being completed as directed, which will be documented by signing the log. This review will continue until 95% compliance is achieved for 3 consecutive months.</p>	
<p>Quality of Care Finding: Continuity of Medication: In 3 of 10 (30%) cases during the intake screening, the period of time from order to first dose of medication exceeded 24 hours.</p>	<p>Detainees with initial intake orders for chronic medications shall receive their first dose of medication less than 24 hours from the time of order. Ensure facility policy is revised to reflect this practice and that staff are trained on the policy. Review 20 charts monthly to monitor compliance to this standard through the facility quality improvement (QI) program.</p>	<p>The Clinical Supervisor will meet with the intake nurses to review the process for properly documenting KOP medications at intake, by December 20, 2017. In addition, HSA will email all nursing staff to educate them on properly documenting in the MAR that the medications the inmate/detainee arrived with were returned to the inmate/detainee as a KOP until it is time for the medication to be refilled. Follow-up training on these processes will occur during</p>	1/5/18

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		<p>the monthly medical meeting, tentatively scheduled for December 20, 2017, which will be documented on a 4-2A Training Activity/Attendance Roster.</p> <p>Effective January 1, 2018, the Pharmacy Nurse and QA Nurse will each review 5 charts that were received with medications (10 different charts total) from the night before to monitor compliance. Both the QA Nurse and the Pharmacy Nurse will maintain a log of the charts that were reviewed. Any incorrect MARs will be reported to the CS for immediate correction.</p> <p>Effective January 5, 2018, the Clinical Supervisor will conduct a review of 10 charts on a weekly basis, using the reviews logs created by the QA Nurse and Pharmacy Nurse, to verify the inmates/detainees medications are charted correctly when issued as a</p>	
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		KOP at intake. The CS will maintain an overall/combined log of all charts reviewed. All discrepancies will be reported to the HSA. Continuous non-compliance may result in disciplinary action or re-assignment.	
<p>Quality of Care Finding: HIV: One detainee was not seen by an HIV or ID specialist within 30 days of identification.</p>	<p>Send all detainees with HIV to an HIV or ID specialist within 30 days of identification. Ensure facility policy is revised to reflect this practice and that staff are trained on the policy. Review all HIV charts monthly to monitor compliance to this standard through the facility quality improvement (QI) program.</p>	<p>The HSA will reiterate to nursing staff during the monthly medical meeting, tentatively scheduled for December 20, 2017, that each time an inmate/detainee is identified at intake as being HIV positive, it must be documented on the inmates/detainees with medical conditions form and turned into the scheduler, Clinical Supervisor, and HSA so that the inmate/detainee can be scheduled to see an HIV Specialist. Staff will acknowledge understanding of this process by signing a 4-2A Training Activity/Attendance Roster. Pending the meeting, the HSA will send a mass email to all shifts on the requirement to</p>	1/1/18

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		<p>notify the CS, HSA, MRC, and scheduler of any HIV positive detainees.</p> <p>Effective December 20, 2017, once the detainee is identified as being HIV positive, the Medical Records Clerk will send a request to PHS/ICE for authorization to see an outside HIV Specialist. Once the authorization has been received, the Medical Records Clerk will contact the local HIV Specialist to schedule an appointment. The appointment and reason for the appointment will be documented in the EMR, however the date will not be documented prior to the appointment for security reasons.</p> <p>Effective January 1, 2018, the CID Nurse will review the inmates with medical conditions form daily to identify any HIV positive inmates/detainees. The CID Nurse will maintain a log of all</p>	
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		<p>HIV positive inmate/detainees in the facility. Once a week the CID Nurse will cross reference the list with the authorizations for HIV appointments that the Medical Records Clerk maintains. All charts that are missing the ICE/PHS authorization or progress note by the Medical Records Clerk will be identified during the cross reference of the lists and the Clinical Supervisor or H.S.A will be notified immediately for correction. Continuous non-compliance for any stage of the process will be reported to the HSA for further action which may result in disciplinary action.</p>	
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